

1. NUMBER: FD32-00-34	2. PCN: PB20192	MSFC ENGINEERING CHANGE REQUEST (ECR) (See Instructions: MSFC Form 2327-2)		3. DATE: 10/27/2000	4. PAGE: 1 OF 1
5. TO: FD32/Tina Melton		6. THRU:		7. FROM: FD32/Carrie Olsen	
8. TITLE OF CHANGE: Baseline Multilateral Payload Regulations, SSP 58002					
9. RECOMMENDED PRIORITY: <input type="checkbox"/> EMERGENCY <input type="checkbox"/> URGENT <input checked="" type="checkbox"/> ROUTINE			10. NEED DATE: 12/01/2000		
11. PROGRAM(S)/PROJECT(S) AFFECTED: ISS			12. CONFIGURATION ITEM(S) AFFECTED BY NOMENCLATURE:		
13. RECOMMENDED EFFECTIVITY(IES):			14. DOCUMENTATION AFFECTED (Specs, ICD, etc.):		
15. RELATED CHANGES (ECR, ECP, CR, etc.) BY NUMBER:			15A. INITIATING DOCUMENT NUMBER (e.g., DR, Software Trouble Report, etc.):		
16. JUSTIFICATION FOR CHANGE (Include effect if not incorporated. If necessary, continue on MSFC Form 2327-1, Continuation Sheet): Baselined documentation is needed for increment operations.					
17. EFFECTS ON: <input type="checkbox"/> HARDWARE <input type="checkbox"/> FACILITY <input type="checkbox"/> SCHEDULE (SEE ENCLOSURE _____ FOR IMPACT) <input type="checkbox"/> REQUIREMENTS DOCUMENTATION <input type="checkbox"/> SOFTWARE <input type="checkbox"/> ENVIRONMENT <input type="checkbox"/> COST (ESTIMATED COST INCLUDED IN ENCLOSURE _____) <input type="checkbox"/> OTHER (SPECIFY): _____					
18. DESCRIPTION OF CHANGE (Include reference to enclosure. If necessary, continue on MSFC Form 2327-1, Continuation Sheet.): This ECR initiates the baselining process for the subject document (SSP 58002).					
19. MOD KIT INFORMATION:					
YES NO				Enclosure	Paragraph
<input type="checkbox"/> <input type="checkbox"/> Previously issued modification instructions affected? (Explain)					
<input type="checkbox"/> <input type="checkbox"/> Proofing of modification instructions and kit installation required? (Explain)					
Proofing location:					
<input type="checkbox"/> <input type="checkbox"/> Retest required? (Identify test invalidated by change)					
<input type="checkbox"/> <input type="checkbox"/> Requalification required? (Include description of test plan for requalification)					
Vehicle/Site & CI Serial No.	Change Period	Mod Kit Delivery Date	Est. M/H for Mod Kit Instl.	Out-of-Service Time	
20. SIGNATURE OF ORIGINATOR: Carrie D. Olsen /s/		DATE: 10/27/2000	TELEPHONE NUMBER: 544-2271		OFFICE SYMBOL: FD32
21. CONCURRENCE					
SIGNATURE	ORG. CODE	DATE	SIGNATURE	ORG. CODE	DATE
22. TECHNICAL APPROVAL					
SIGNATURE	ORG. CODE	DATE	SIGNATURE	ORG. CODE	DATE